

<i>SERFF Tracking Number:</i>	<i>USLH-126069285</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Security Life and Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>41756</i>
<i>Company Tracking Number:</i>	<i>GP-ABC-90-DANDC</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Certificate Amendment - Deductible &amp; Coinsurance Provisions</i>		
<i>Project Name/Number:</i>	<i>Certificate Amendment - Deductible Provision &amp; Coinsurance Provision/</i>		

## Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Certificate Amendment - Deductible & Coinsurance Provisions      SERFF Tr Num: USLH-126069285      State: ArkansasLH

TOI: H16G Group Health - Major Medical

SERFF Status: Closed

State Tr Num: 41756

Sub-TOI: H16G.001C Any Size Group - Other

Co Tr Num: GP-ABC-90-DANDC

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Lisa Kosvick, Jaime Gettemans

Disposition Date: 04/07/2009

Date Submitted: 03/10/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 03/01/1990

Implementation Date:

State Filing Description:

## General Information

Project Name: Certificate Amendment - Deductible Provision & Coinsurance Provision

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Overall Rate Impact:

Group Market Type: Discretionary

Filing Status Changed: 04/07/2009

Explanation for Other Group Market Type:

State Status Changed: 04/07/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The enclosed filing is being submitted for your review and approval. This form amends the wording under the Medical Expense Insurance Provisions; specifically the Deductible Provision and Coinsurance Provision in Group Certificate's ABC-90 and PROPLUS-98. Once approved, this form will be retroactive back to the original effective dates of the Group Certificate's ABC-90 and PROPLUS-98.

SERFF Tracking Number: USLH-126069285 State: Arkansas  
 Filing Company: United Security Life and Health Insurance State Tracking Number: 41756  
 Company  
 Company Tracking Number: GP-ABC-90-DANDC  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: Certificate Amendment - Deductible & Coinsurance Provisions  
 Project Name/Number: Certificate Amendment - Deductible Provision & Coinsurance Provision/

## Company and Contact

### Filing Contact Information

Jaime Gettemans, jaimegettemans@jandpholdings.com  
 6640 S. Cicero Avenue (708) 552-2417 [Phone]  
 Bedford Park, IL 60638

### Filing Company Information

United Security Life and Health Insurance CoCode: 81108 State of Domicile: Illinois  
 Company  
 6640 S. Cicero Group Code: Company Type:  
 Bedford Park, IL 60638 Group Name: State ID Number:  
 (708) 475-6000 ext. [Phone] FEIN Number: 36-3692140  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: AR ADC 054 00 057 (II)(a)(1)  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	\$50.00	03/10/2009	26298434

SERFF Tracking Number: USLH-126069285 State: Arkansas

Filing Company: United Security Life and Health Insurance Company State Tracking Number: 41756

Company Tracking Number: GP-ABC-90-DANDC

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other

Product Name: Certificate Amendment - Deductible & Coinsurance Provisions

Project Name/Number: Certificate Amendment - Deductible Provision & Coinsurance Provision/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/07/2009	04/07/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	03/27/2009	03/27/2009	Lisa Kosvick	04/02/2009	04/02/2009

<i>SERFF Tracking Number:</i>	<i>USLH-126069285</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Security Life and Health Insurance</i>	<i>State Tracking Number:</i>	<i>41756</i>
	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>GP-ABC-90-DANDC</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Certificate Amendment - Deductible &amp; Coinsurance Provisions</i>		
<i>Project Name/Number:</i>	<i>Certificate Amendment - Deductible Provision &amp; Coinsurance Provision/</i>		

## Disposition

Disposition Date: 04/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USLH-126069285 State: Arkansas  
 Filing Company: United Security Life and Health Insurance State Tracking Number: 41756  
 Company  
 Company Tracking Number: GP-ABC-90-DANDC  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: Certificate Amendment - Deductible & Coinsurance Provisions  
 Project Name/Number: Certificate Amendment - Deductible Provision & Coinsurance Provision/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form (revised)	Certificate Amendment - Deductible Provision & Coinsurance Provision	Approved-Closed	Yes
Form	Certificate Amendment - Deductible Provision & Coinsurance Provision	Replaced	Yes

*SERFF Tracking Number:* USLH-126069285 *State:* Arkansas  
*Filing Company:* United Security Life and Health Insurance *State Tracking Number:* 41756  
*Company*  
*Company Tracking Number:* GP-ABC-90-DANDC  
*TOI:* H16G Group Health - Major Medical *Sub-TOI:* H16G.001C Any Size Group - Other  
*Product Name:* Certificate Amendment - Deductible & Coinsurance Provisions  
*Project Name/Number:* Certificate Amendment - Deductible Provision & Coinsurance Provision/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/27/2009  
Submitted Date 03/27/2009  
Respond By Date  
Dear Jaime Gettemans,  
This will acknowledge receipt of the captioned filing.

Objection 1  
- Certificate Amendment - Deductible Provision & Coinsurance Provision (Form)  
Comment:

Your filing description states that once approved, the amendment form will be retroactive back to the original effective dates of the Group Certificate's ABC-90 and PROPLUS-98. Our Department will only allow this amendment on new business going forward. If you wish to accept this condition, please advise.

Please feel free to contact me if you have questions.  
Sincerely,  
Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/02/2009  
Submitted Date 04/02/2009

Dear Rosalind Minor,

### Comments:

I hope this correspondence finds you well. Please find attached Certificate Amendments to the Deductible Provision and Coinsurance Provision in Group Certificate's ABC-90 and PROPLUS-98.

### Response 1

Comments: In accordance with the objection, USL&H corrected the effective dates in the Certificate Amendments to read that these amendments will be effective on the approval date from the Arkansas Insurance Department; therefore,

SERFF Tracking Number: USLH-126069285 State: Arkansas  
Filing Company: United Security Life and Health Insurance State Tracking Number: 41756  
Company  
Company Tracking Number: GP-ABC-90-DANDC  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: Certificate Amendment - Deductible & Coinsurance Provisions  
Project Name/Number: Certificate Amendment - Deductible Provision & Coinsurance Provision/

we are removing our request to have these amendments be retroactive and the amendments will only be effective with new business going forward.

#### Related Objection 1

Applies To:

- Certificate Amendment - Deductible Provision & Coinsurance Provision (Form)

Comment:

Your filing description states that once approved, the amendment form will be retroactive back to the original effective dates of the Group Certificat's ABC-90 and PROPLUS-98. Our Department will only allow this amendment on new business going forward. If you wish to accept this condition, please advise.

#### Changed Items:

No Supporting Documents changed.

#### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Certificate Amendment - Deductible Provision & Coinsurance Provision	GP-ABC-90-DANDC		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		43	Certificate Amendme nt- USL&H- AR.pdf

#### Previous Version

Certificate Amendment - Deductible Provision & Coinsurance Provision	GP-ABC-90-DANDC		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		43	Certificate Amendme nt- DandC.pdf
--	-----------------	--	--	---------	--	----	-----------------------------------

No Rate/Rule Schedule items changed.

I look forward to your response.

Sincerely,  
Jaime Gettemans, Lisa Kosvick



SERFF Tracking Number: USLH-126069285 State: Arkansas

Filing Company: United Security Life and Health Insurance State Tracking Number: 41756  
Company

Company Tracking Number: GP-ABC-90-DANDC

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other

Product Name: Certificate Amendment - Deductible & Coinsurance Provisions

Project Name/Number: Certificate Amendment - Deductible Provision & Coinsurance Provision/

## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GP-ABC-90-DANDC	Certificate Amendment - t, Insert Page, Endorsement or Rider	Certificate Amendment - Deductible Provision & Coinsurance Provision	Initial		43	Certificate Amendment-USL&H-AR.pdf

## Certificate Amendment

This Certificate Amendment modifies the Certificate to which it is attached and made part of by hereby adding and/or deleting the following language:

### Deletions from the Certificate

- I. The following is hereby deleted from the **MAJOR MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“DEDUCTIBLE PROVISIONS”**

The Deductible has these special provisions:

- Three Month Carry-Over: Any portion of the Deductible applied during the last three months of a Benefit Period also applies for the next Benefit Period.
- Common Accident: When 2 or more insured family members are injured in the same accident, only one Deductible must be met for the resulting Expense during that Benefit Period.
- Family Deductible: No more than 3 persons from your family need meet the Deductible in any one Benefit Period.

- II. The following is hereby deleted from the **MAJOR MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“COINSURANCE PROVISION”**

We will compute benefits for each Benefit Period this way:

- First, a Deductible may have to be met. Then, We will pay a percentage of the Eligible Expense incurred during that Benefit Period. This Coinsurance percentage is shown in the Schedule of Benefits.
- Second, if We do not pay any benefits in a Benefit Period to you and/or your insured family members, We will pay an additional 5% Coinsurance amount for the next Benefit Period.

In no event may benefits exceed the maximum(s) shown in the Schedule of Benefits.

### Additions to the Certificate

- I. The following is hereby added to the **MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“DEDUCTIBLE PROVISIONS”**

The Deductible has these special provisions:

- Common Accident: When 2 or more insured family members are injured in the same accident, only one Deductible must be met for the resulting Expense during that Benefit Period.
- Family Deductible: No more than 3 persons from Your family need meet the Deductible in any one Benefit Period.

- II. The following is hereby added to the **MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“COINSURANCE PROVISION”**

We will compute benefits for each Benefit Period this way:

- A Deductible may have to be met. Then, We will pay a percentage of the Eligible Expense incurred during that Benefit Period. This Coinsurance Percentage is shown in the Schedule of Benefits.

In no event may benefits exceed the maximum(s) shown in the Schedule of Benefits.

The Amendment takes effect on the approval date from the Arkansas Insurance Department. It remains in force while the Certificate is in force.

United Security Life and Health Insurance Company



Secretary

<i>SERFF Tracking Number:</i>	<i>USLH-126069285</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Security Life and Health Insurance</i>	<i>State Tracking Number:</i>	<i>41756</i>
	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>GP-ABC-90-DANDC</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Certificate Amendment - Deductible &amp; Coinsurance Provisions</i>		
<i>Project Name/Number:</i>	<i>Certificate Amendment - Deductible Provision &amp; Coinsurance Provision/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: USLH-126069285 State: Arkansas  
Filing Company: United Security Life and Health Insurance State Tracking Number: 41756  
Company  
Company Tracking Number: GP-ABC-90-DANDC  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: Certificate Amendment - Deductible & Coinsurance Provisions  
Project Name/Number: Certificate Amendment - Deductible Provision & Coinsurance Provision/

## Supporting Document Schedules

**Satisfied -Name:** Flesch Certification **Review Status:** Approved-Closed 04/07/2009  
**Comments:**  
Please see attached.  
**Attachment:**  
Flesch Certification.pdf

**Bypassed -Name:** Application **Review Status:** Approved-Closed 04/07/2009  
**Bypass Reason:** Does not apply  
**Comments:**



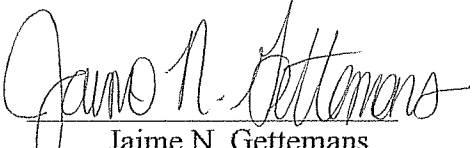
# UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638  
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

## FLESCH CERTIFICATION

This is to certify that the attached Certificate Amendment that amends wording under the Medical Expense Insurance Provisions; specifically the Deductible Provision and Coinsurance Provision in Group Certificate's **ABC-90** and **PROPLUS-98** received a Flesch Reading Ease Score of 42.6. This form complies with the requirements of A.C.A. 23-80-206, cited as the Life and Disability Insurance Policy Language Simplification Act.

  
Jaime N. Gettemans  
Compliance Department

3/10/2009  
Date

SERFF Tracking Number: USLH-126069285 State: Arkansas  
 Filing Company: United Security Life and Health Insurance State Tracking Number: 41756  
 Company  
 Company Tracking Number: GP-ABC-90-DANDC  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: Certificate Amendment - Deductible & Coinsurance Provisions  
 Project Name/Number: Certificate Amendment - Deductible Provision & Coinsurance Provision/

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Certificate Amendment - Deductible Provision & Coinsurance Provision	03/10/2009	Certificate Amendment-DandC.pdf

## Certificate Amendment

This Certificate Amendment modifies the Certificate to which it is attached and made part of by hereby adding and/or deleting the following language:

### Deletions from the Certificate

- I. The following is hereby deleted from the **MAJOR MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“DEDUCTIBLE PROVISIONS”**

The Deductible has these special provisions:

- Three Month Carry-Over: Any portion of the Deductible applied during the last three months of a Benefit Period also applies for the next Benefit Period.
- Common Accident: When 2 or more insured family members are injured in the same accident, only one Deductible must be met for the resulting Expense during that Benefit Period.
- Family Deductible: No more than 3 persons from your family need meet the Deductible in any one Benefit Period.

- II. The following is hereby deleted from the **MAJOR MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“COINSURANCE PROVISION”**

We will compute benefits for each Benefit Period this way:

- First, a Deductible may have to be met. Then, We will pay a percentage of the Eligible Expense incurred during that Benefit Period. This Coinsurance percentage is shown in the Schedule of Benefits.
- Second, if We do not pay any benefits in a Benefit Period to you and/or your insured family members, We will pay an additional 5% Coinsurance amount for the next Benefit Period.

In no event may benefits exceed the maximum(s) shown in the Schedule of Benefits.

### Additions to the Certificate

- I. The following is hereby added to the **MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“DEDUCTIBLE PROVISIONS”**

The Deductible has these special provisions:

- Common Accident: When 2 or more insured family members are injured in the same accident, only one Deductible must be met for the resulting Expense during that Benefit Period.
- Family Deductible: No more than 3 persons from Your family need meet the Deductible in any one Benefit Period.

- II. The following is hereby added to the **MEDICAL EXPENSE INSURANCE PROVISIONS** section of the Certificate:

#### **“COINSURANCE PROVISION”**

We will compute benefits for each Benefit Period this way:

- A Deductible may have to be met. Then, We will pay a percentage of the Eligible Expense incurred during that Benefit Period. This Coinsurance Percentage is shown in the Schedule of Benefits.

In no event may benefits exceed the maximum(s) shown in the Schedule of Benefits.

United Security Life and Health Insurance Company



Secretary